Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

ETITION FOR	EXTENSION OF	TIME IMPED	27	APD 4 4964	-
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**Docket Number (Optional)** 2316-6296US ()

	In re Application of Michael J. Litchman				
	Application Number 10/765,721 Filed January 27, 2004				
	For CLOSURE ELEMENT HAVING MOVABLE STRUCTURE CORRESPONDING TO ENGAGEMENT FEATURE FOR TUBULAR MEMBERS AND CONTAINER INCLUDING SAME (as amended)				
	Group Art Unit 3727	Examiner R. Hylton			
This is a request under the provision response in the above identified app	•	a) to extend the p	eriod for filing a		
The requested extension and appro (check time period desired):	priate non-small-enti	ty fee are as follo	ows		
One month (37 CFR)	1.17(a)(1))		\$ <u>120.00</u>		
☐ Two months (37 CFF	R 1.17(a)(2))		\$		
☐ Three months (37 CFR 1.17(a)(3))			\$		
☐ Four months (37 CF	R 1.17(a)(4))		\$		
☐ Five months (37 CFI	R 1.17(a)(5))		\$		
	status. See 37 CFF	R 1.27. Therefore	e, the fee amount shown		
above is reduced by one-half, and the resulting fee is: \$ 60.00.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1469.  I have enclosed a duplicate copy of this sheet.  I am the ☐ applicant/inventor.  ☐ assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  ☐ attorney or agent of record.  ☑ attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a).  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
May 26, 2006		4.	My /		
Date		J. Jeffrey	Gunn Reg. No. 56,957		
Typed or printed name  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
Total offorms are submitted.  CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.					

60.00 OP

Date: May 26, 2006

Typed or printed name: Shawnee MacDonald

Signature